



TEXAS DEPARTMENT OF HEALTH
Bureau of Emergency Management

RECERTIFICATION CE SUMMARY REPORT

All information given on this form is considered public record, with exception of social security number*.

Submit this form with your recertification application to your local public health region office.

SECTION A Please print.

Printed Last Name	First name	Middle name	Social Security Number* or EMS ID#
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.			
Mailing Address: Street or PO Box	City	State	Zip
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Certification Level	4 Year Cert Period (begin & end date)	Home Phone	Business Phone

SECTION B DO NOT SEND CE DOCUMENTATION WITH THIS FORM. Enter the number of CE hours you have accrued within each content area during this 2 year period**/***.

Required Content Area	Required EMT-P	Completed EMT-P	Required EMT-I	Completed EMT-I	Required EMT	Completed EMT	Required ECA	Completed ECA
Preparatory (gen patient assess; shock; airway mgt; gen pharm)	8		8		4		2	
Trauma	10		7		4		3	
Cardiovascular	8		3		2		1	
Medical Emergencies	11		11		10		4	
Special Patients (geriatric; pedi; neonatal; OB/GYN; behavioral)	11		7		4		2	
Minimum Content Hours	48		36		24		12	
+Additional CE Hours	32		24		16		8	
Total Hours for 2 Year Period	80		60		40		20	

This summary report covers the following 2 year CE period (begin & end date): _____

+Additional CE hours may include: Rescue/Extrication; Communications; Emergency Driving; Documentation/Medical/Legal; Management; Administration; Education; and content area subject matter.

**Personnel applying after 1 year reciprocity need ½ of the total 2 year requirement (½ of the CE hours in each content area), accrued no earlier than two years prior to recertification application date.

***Late Reentry and Inactive to Active candidates are required to list CE accrued no earlier than two years prior to this application.

SECTION C Signature & Date

I attest I have **completed** the hours listed above. I understand I may be required to furnish further proof of my CE hours and agree to retain documentation of the above hours for a period of five (5) years. I acknowledge the burden of proof of CE participation is solely my responsibility. I also understand if I am unable to substantiate these hours my certification may be revoked.

Signature

Date